

15915 U.S. PTO  
012604

Patent  
Attorney Docket No. 034008-0610

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT  
APPLICATION TRANSMITTAL LETTER

19270 U.S. PTO  
10/763424  
012604

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number 2 1 8 3 9

Sir:

Enclosed for filing is the utility patent application entitled:

**Composition for and Treatment of Demyelinating Diseases and Paralysis by Administration of Remyelating Agents**

by the following named inventor(s):

Steve J. KARLIK; Michael A. PLEISS; Andrei W. KONRADI; Francine S. GRANT; Christopher M. SEMKO; Daren DRESSEN; Elizabeth MESSERSMITH; Stephen FREEDMAN and Ted YEDNOCK

☒ Applicant(s) suggests Figure 1B for inclusion on the front page of the patent application publication and patent.

☐ Applicant(s) requests that the published application include the following assignment information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Small entity status is claimed.

Also enclosed are:

**DRAWINGS:** 25 sheets of formal drawings \_\_\_\_\_ sheets of informal drawings

**DECLARATION:** ☐ will follow ☐ executed, is enclosed ☒ unexecuted, is enclosed

**ASSIGNMENT:** ☐ is enclosed ☒ will follow

**CLAIM FOR  
PRIORITY  
UNDER 35 U.S.  
C. § 119 and/or  
365:**

☐ is made in the declaration ☒ is hereby made as follows

Country	Appl. No.	Filing Date DD-MM-YYYY
UNITED STATES	60/442,171	24-01-2003
UNITED STATES	60/500,316	24-01-2003

☐ certified copy(ies) enclosed

☐ certified copy(ies) will follow

**OTHER PAPERS:** ☐ a General Authorization for Petitions for Extensions of Time and Payment of Fees

☐ an Information Disclosure Statement

☐ an Application Data Sheet (ADS)

☐

☒ The filing fee has been calculated as follows ☐ and in accordance with the enclosed preliminary amendment:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fee
Basic Application Fee (1001)					\$ 770.00
Total Claims	92	MINUS 20 =	72	x \$18.00 (1202) =	\$ 1296.00
Independent Claims	3	MINUS 3 =	0	x \$86.00 (1201) =	\$ 0.00
If multiple dependent claims are presented, add \$290.00 (1203)					\$ 290.00
Total Application Fee					\$ 2,356.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 0.00
Add Assignment Recording Fee of \$40.00 (8021) if Assignment document is enclosed.					
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$ 2,356.00</b>

☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.

☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.

☒ A check in the amount of \$ 2,356.00 is enclosed for the fee due.

- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Please address all correspondence concerning this application to:


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Respectfully submitted,

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